

270

INTERNAL REQUEST FOR S.N.

096

320

DATE:

3/15/90

FROM:

D. Vincent

(print name)

FORWARD TO:

A. Art Unit: 2748

B. Class: 379

C Subclass: 671

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s):

<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)

FURTHER EXPLANATION IF NEEDED:

Advertisement

DATE:

FROM:

(print name)

FORWARD TO:

A. Art Unit:

B. Class:

C Subclass:

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s):

<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)

FURTHER EXPLANATION IF NEEDED:

DATE:

FROM:

(print name)

FORWARD TO CLASSIFIER

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s):

<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE:

CLASSIFIER:

FORWARD TO:

A. Art Unit:

B. Class:

C Subclass:

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s):

<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)
<input type="checkbox"/>	(check box)

FURTHER EXPLANATION IF NEEDED: